PINE MANOR HEALTH CARE CENTER - FDD

1625 EAST MAIN STREET

CLINTONVILLE 54929 Phone: (715) 823-3135 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 25 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	I	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)				
Home Health Care Supp. Home Care-Personal Care	No   No	2 2		Age Groups 	%	· ·	8.7 4.3
Supp. Home Care-Household Services	No	Developmental Disabilities	95.7	Under 65	69.6	More Than 4 Years	87.0
Day Services	Yes	Mental Illness (Org./Psy)	0.0	65 - 74	26.1	I	
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	4.3	I	100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	-
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	0.0	65 & Over	30.4		
Transportation	No	Cerebrovascular	0.0			RNs	6.0
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	8.6
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for	I	Other Medical Conditions	4.3	Male	26.1	Aides, & Orderlies	42.6
Mentally Ill	No			Female	73.9	I	
Provide Day Programming for	I		100.0	I		I	
Developmentally Disabled	Yes				100.0	I	
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## Method of Reimbursement

		edicare			Medicaid (Title 19) Other		Private Pay		:	Family Care			Managed Care							
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				22	100.0	125	0	0.0	0	0	0.0	0	1	100.0	131	0	0.0	0	23	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		22	100.0		0	0.0		0	0.0		1	100.0		0	0.0		23	100.0

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Admissions, Discharges, and	1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02												
Deaths During Reporting Period														
	1				% Needing		Total							
Percent Admissions from:		Activities of	%	_	sistance of	% Totally	Number of							
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents							
Private Home/With Home Health	0.0	Bathing	0.0		43.5	56.5	23							
Other Nursing Homes	50.0	Dressing	8.7		8.7	82.6	23							
Acute Care Hospitals	50.0	Transferring	8.7		13.0	78.3	23							
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.7		26.1	65.2	23							
Rehabilitation Hospitals	0.0	Eating	30.4		0.0	69.6	23							
Other Locations	0.0	******	*****	*****	*****	*****	*****							
Total Number of Admissions	2	Continence		%	Special Treat	ments	8							
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	8.7	Receiving R	espiratory Care	0.0							
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	t of Bladder	91.3	Receiving T	racheostomy Care	0.0							
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	95.7	Receiving S	uctioning	0.0							
Other Nursing Homes	0.0				Receiving C	stomy Care	0.0							
Acute Care Hospitals	50.0	Mobility			Receiving T	ube Feeding	4.3							
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	17.4	Receiving M	Mechanically Altered Di	lets 91.3							
Rehabilitation Hospitals	0.0													
Other Locations	0.0	Skin Care			Other Residen	t Characteristics								
Deaths	50.0	With Pressure Sores		0.0	Have Advanc	e Directives	100.0							
Total Number of Discharges		With Rashes		0.0	Medications									
(Including Deaths)	2				Receiving F	sychoactive Drugs	8.7							

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities		All ilties	
	8	ଚ	Ratio	8	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92.0	83.9	1.10	85.1	1.08	-
Current Residents from In-County	26.1	38.2	0.68	76.6	0.34	
Admissions from In-County, Still Residing	0.0	18.5	0.00	20.3	0.00	
Admissions/Average Daily Census	8.7	20.3	0.43	133.4	0.07	
Discharges/Average Daily Census	8.7	23.6	0.37	135.3	0.06	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	30.4	15.3	1.99	87.7	0.35	
Title 19 (Medicaid) Funded Residents	95.7	99.2	0.96	67.5	1.42	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	95.7	99.5	0.96	7.1	13.47	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	4.3	0.1	53.15	20.5	0.21	
Impaired ADL (Mean) *	80.0	54.0	1.48	49.3	1.62	
Psychological Problems	8.7	48.2	0.18	54.0	0.16	
Nursing Care Required (Mean) *	12.0	11.3	1.05	7.2	1.66	